

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Maricopa</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>133</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>636</u>
Town of <u>Miami</u>			Local Registrar No. _____
or _____			
City of _____		No. <u>Miami Inspiration Hospital St.</u> Ward) _____	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>August Harry Bamman</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth _____
6. Legitimate? <u>yes</u>		7. Date of birth <u>Dec. 29, 1922</u>	(Month, day, year)
8. Full name <u>August Harry Bamman</u>		14. Full maiden name <u>Emily Kathryn Woodruff</u>	
9. Residence <u>Miami, Arizona</u>		15. Residence <u>Miami, Arizona</u>	
(Usual place of abode)		(Usual place of abode)	
If nonresident, give place and State		If nonresident, give place and State	
10. Color or race <u>white</u>	11. Age at last birthday <u>29</u> (Years)	16. Color or race <u>white</u>	17. Age at last birthday <u>28</u> (Years)
12. Birthplace (city or place) <u>New Jersey</u>	(State or country)	18. Birthplace (city or place) <u>New Jersey</u>	(State or country)
13. Occupation <u>Mechanical engineer</u>	Nature of Industry	19. Occupation <u>Housewife</u>	Nature of Industry
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)		(a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>6:45 a.m.</u> on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>[Signature]</u>	
		(Physician or midwife)	
ven name added from supplemental report _____		Address <u>Miami, Arizona</u>	
(Month, day, year)		Filed <u>12/31/22</u> , 19 <u>22</u> <u>B. W. Hardy by C. E. Irwin</u>	
		Local Registrar.	
Registrar. _____		Filed <u>1-5</u> , 19 <u>23</u> <u>B. G. Fox</u>	
		County Registrar.	
125-1229-566			